

## **CHAPTER 12. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS**

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### **12-1. INTRODUCTION**

This chapter describes the additional steps and considerations that must be made in order to successfully plan for the acquisition, installation and acceptance of diagnostic imaging and radiation therapy requirements.

### **12-2. SCOPE**

a. Diagnostic Imaging Equipment. This includes any item or equipment which uses electromagnetic waves (either ionizing or non-ionizing radiation) or ultrasonic waves to produce a diagnostic image of a patient, or any item that incorporates such an imaging modality within its function. Examples include:

- (1) Diagnostic x-ray (radiographic and fluoroscopic systems), fixed and mobile
- (2) Diagnostic ultrasound scanners
- (3) Gamma cameras and associated image processing computers [including Single Photon Emission Computed Tomography (SPECT) and Molecular Coincidence Detection]
- (4) Magnetic Resonance Imaging (MRI) systems
- (5) Computed Tomography (CT) scanners
- (6) Positron Emission Tomography (PET) systems

b. Radiation Therapy Equipment. Radiation therapy equipment includes equipment that uses ionizing or non-ionizing radiation, or electro-magnetic wave emission as part of a direct therapeutic treatment to a patient. Examples include:

- (1) Cobalt therapy systems
- (2) Linear accelerators
- (3) Stereotactic Radiosurgery or "Gamma Knife" systems
- (4) Radiation therapy simulators
- (5) Therapy planning computers

### **12-3. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS**

a. All MEDCASE/SuperCEEP Program requirements for diagnostic imaging and radiation therapy equipment \$100,000 and greater, regardless of BLIC, are centrally managed by the USAMEDCOM. This ensures consistency of application and compliance with Army Medical Department strategic plans.

b. TARA Review. The USAMMA Materiel Acquisition Directorate is responsible for technical review and approval of all diagnostic imaging and radiation therapy equipment requirements \$100,000 and greater, regardless of BLIC. The USAMMA will return disapproved requirements to the requesting facility for further justification or clarification.

c. TARA Visits. If your facility has not had a TARA visit within the last four years, contact the TARA team before submitting any diagnostic imaging or radiation therapy requirements. This simplifies the approval process and avoids any unnecessary delays in processing the requirements.

#### **12-4. SPECIAL REQUIREMENTS FOR SUBMISSION AND APPROVAL (ROUTINE)**

a. MEDCASE/SuperCEEP requirements for diagnostic imaging and radiation therapy equipment are identified, initiated, and submitted for approval in the same manner as other MEDCASE/SuperCEEP Program requirements. Certain additional documentation, coordination, and review, as described below, may be required. A chart that summarizes review criteria for diagnostic imaging, radiation therapy, and associated equipment is provided at Appendix E.

b. Neither the USAMMA nor the USAMEDCOM require you to submit a Pre-Acquisition Site Survey (PASS) or Facilities Survey Report (FSR) document along with the DA Forms 5027-R/5028-R for the approval process. However, your RMC/MS may require the PASS/FSR for internal decision making matters such as lead shielding and site preparation costs.

c. Review by Local Chief of Radiology.

(1) All MEDCASE/SuperCEEP requirements for diagnostic imaging equipment must contain documentation of review and concurrence or comment by the activity chief of radiology. This specifically includes all types of imaging systems described in this chapter.

(2) The signature and typed name of the Chief, Department of Radiology is required on the DA Form 5027-R.

#### **12-5. EXECUTION AND ACQUISITION SOURCE**

a. Funding. Once a diagnostic imaging or radiation therapy requirement has received "1A" approval, it is eligible for execution. Funding will be accomplished in accordance with command policy and this SB.

b. Acquisition Sources. The DSCP is the primary source for all diagnostic x-ray equipment.

c. Exception to Policy. In accordance with AR 40-61, activities may request an exception to policy in order to locally procure or have an alternate acquisition source procure a diagnostic imaging or radiation therapy system.

(1) The USAMMA, ATTN: MMO-AT, Fort Detrick, MD, is the approving authority. Request for exception to policy must be forwarded by memorandum through command channels to the:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMO-AT  
1423 Sultan Drive, Suite 100  
Fort Detrick MD 21702-5001

(2) Requests should cite the availability of local or alternate acquisition source purchasing and contracting support to accomplish the acquisition and a brief justification for the exception.

## **12-6. EXTENDED INSTALLATION**

Extended installation is an acquisition strategy whereby a single vendor is awarded a contract to supply and install a safe functional system. It requires the manufacturer to interface their equipment to the existing room and utilities. This strategy includes as a minimum, connecting with existing utilities and furnishing and installing support structures for the equipment. Cosmetic work will not be included in the scope of work or contract and will be the responsibility of the customer.

a. Extended installation is currently being offered by DSCP. Activities that desire extended installation must budget and ensure availability of MEDCASE/ SuperCEEP DHP funds to accommodate the limited site preparation portion of the project. The request must be annotated on the DD form 1348-6. Eligibility for extended installation will be evaluated on a case-by-case basis by the USAMMA upon receipt of a requisition. General guidelines and typical systems that may be satisfied with extended installation are:

- (1) All DOD universal x-ray rooms
- (2) Cardiac catheterization systems
- (3) Special procedures systems
- (4) Radiographic/fluoroscopic systems (limited)
- (5) CT scanners
- (6) Radiographic systems (case-by-case basis only)
- (7) Replacement system must be similar to existing system

b. The requesting activity shall provide the following information with their requisition:

- (1) Point of contact with commercial and DSN phone numbers
- (2) Five sets of single-line room drawings showing existing utilities and equipment layout and proposed layout
- (3) Preliminary work statement of what is required

## 12-7. AWARD AND ACCEPTANCE

a. Contract Award by DSCP. Once a contract for a diagnostic imaging system has been awarded by DSCP, both the customer and the contractor are advised of specific responsibilities. The principal responsibilities and actions required following award is:

(1) Site Visit. Within 30 days of contract award for a diagnostic imaging system, the contractor is required to visit the receiving activity to survey electrical power and other identified site preparation requirements. The contractor is required to provide complete equipment layout plans for the system, as well as room preparation drawings and instructions.

(2) Activity Action. The activity is responsible for using the plans and drawings provided by the contractor to initiate action for accomplishing site preparation.

(3) Required Delivery Date (RDD). The contract will identify the RDD for the system. Sixty days prior to that date, the activity is required to review site readiness to determine if delivery and installation can continue on schedule. If delivery must be delayed due to problems with site preparation, or other unanticipated problems, the activity must immediately contact DSCP by telephone DSN 444-2896, or commercial 215-737-2896, to advise them of the problem.

**Note:** Storage costs charged by the vendor due to customer-initiated delays must be borne by the activity and **cannot** be financed with MEDCASE/SuperCEEP funds.

(4) Contract Problems. The activity should immediately notify the USAMMA if it is suspected or known that the vendor is not fulfilling his/her responsibilities under the provisions of the contract.

b. X-ray Acceptance. Upon completion of installation, the vendor must notify DSCP in writing, that the system is ready for acceptance inspection. X-ray acceptance inspection is performed at government expense by technicians from one of the Medical Equipment Repair Activities assigned to the USAMMA, or by medical maintainers assigned to the local organization. If the system fails acceptance inspection, a portion of the total payment is withheld until the contractor effects appropriate corrective actions. A detailed explanation of x-ray acceptance procedures is provided in Appendix E.

c. Warranty. Diagnostic imaging systems acquired by the DSCP include a one-year warranty against defective material, workmanship and performance. Any extension of the warranty period must be funded by the activity their DHP operating funds.

d. Local Procurement. If the exception to policy was granted for local procurement, then the acceptance of diagnostic x-ray systems acquired through local procurement is the responsibility of the activity and must be accomplished in accordance with the protocol established by the contracting officer. Commands may require submission of acceptance reports and the creation and maintenance of acceptance documentation. Activities that do not have the qualified personnel or necessary equipment to perform an acceptance inspection may request support through command channels to the:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMO-AT  
1423 Sultan Drive, Suite 100  
Fort Detrick MD 21702-5001

**12-8. SPECIAL PROCEDURES**

a. Factory Refurbishment. Requests for removal, factory refurbishment, and reinstallation of LOGCAT "F" equipment must also be submitted for approval on DA Forms 5027-R/5028-R. Maintenance records of the actual equipment to be refurbished must be provided.

b. Universal Room. LOGCAT "F" requirements that are to be installed into the USAHFPA approved "Universal Room" do not require individual site surveys.